

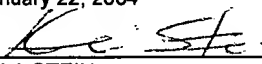


**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:

"Commissioner for Patents,  
P.O. Box 1450  
Alexandria, VA 22313-1450"

on January 22, 2004

  
KEVIN J. STEIN  
Reg. No. 47,966  
Attorney for Applicant(s)

01/22/04  
Date of  
Signature

**PATENTS**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Customer No.: 000201  
Attorney Docket No.: J3509(C)  
Applicant: Johnson et al.  
Serial No.: 09/764,734  
Filed: January 17, 2001  
For: Antimicrobial Compositions

Group: 1616  
Examiner: A. Pryor  
Edgewater, New Jersey 07020  
January 22, 2004

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir: -

In response to the Office Action dated September 22, 2003, please amend the above-identified application as follows:

**Amendment to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.

**BEST AVAILABLE COPY**

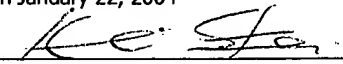


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UNITED STATES DEPT. OF COMMERCE  
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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.  
[X] No additional fee is required.

The fee has been calculated as shown below.

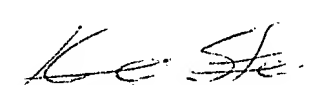
CLAIMS AS AMENDED

	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus			\$ 18.00	
Independent Claims		Minus			\$ 80.00	
Multiple Claims					\$ 270.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$	

\*If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).  
\*\*If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.

[ ] Charge \$\_\_\_\_\_ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.  
[X] The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under  
[X] 37 C.F.R. § 1.16;  
[X] 37 C.F.R. § 1.17;  
[X] 37 C.F.R. § 1.18.  
Triplicate copies of this letter are enclosed.

KJS/sa  
201) 840-2394

  
Kevin J. Stein  
Registration No. 47,966  
Attorney for Applicant(s)

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